

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation  
Against:**

**Jean L. Talleyrand, M.D.**

**Physician's and Surgeon's  
Certificate No. A 61572**

**Respondent.**

**Case No.: 800-2017-036586**

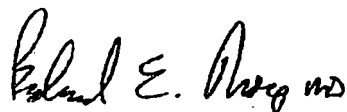
**DECISION**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on September 9, 2022.

IT IS SO ORDERED: August 10, 2022.

**MEDICAL BOARD OF CALIFORNIA**



**Richard E. Thorp, M.D., Chair  
Panel B**

1 ROB BONTA  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 LAWRENCE MERCER  
Deputy Attorney General  
4 State Bar No. 111898  
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*Attorneys for Complainant*

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **JEAN L. TALLEYRAND, M.D.**  
14 **1336 Willard, Apt. C**  
**San Francisco, CA 94117**

15 **Physician's and Surgeon's Certificate No. A**  
16 **61572**

17 Respondent.

Case No. 800-2017-036586

OAH No. 2022030022

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

18  
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
23 California (Board). He brought this action solely in his official capacity and is represented in this  
24 matter by Rob Bonta, Attorney General of the State of California, by Lawrence Mercer, Deputy  
25 Attorney General.

26 2. Respondent Jean L. Talleyrand, M.D. (Respondent) is representing himself in this  
27 proceeding and has chosen not to exercise his right to be represented by counsel.  
28

3. On or about January 31, 1997, the Board issued Physician's and Surgeon's Certificate No. A 61572 to Jean L. Talleyrand, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2017-036586, and will expire on August 31, 2022, unless renewed.

## JURISDICTION

4. Accusation No. 800-2017-036586 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 21, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2017-036586 is attached as exhibit A and incorporated herein by reference.

## ADVICE AND WAIVERS

6. Respondent has carefully read, and understands the charges and allegations in Accusation No. 800-2017-036586. Respondent has also carefully read, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

## CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2017-036586, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2017-036586, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 61572 to disciplinary action.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

## CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2017-036586 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

## DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 61572 issued to Respondent Jean L. Talleyrand, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions: them.

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. PREScribing PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the

1 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
2 or its designee, be accepted towards the fulfillment of this condition if the course would have  
3 been approved by the Board or its designee had the course been taken after the effective date of  
4 this Decision.

5 Respondent shall submit a certification of successful completion to the Board or its  
6 designee not later than 15 calendar days after successfully completing the course, or not later than  
7 15 calendar days after the effective date of the Decision, whichever is later.

8 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
9 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
10 advance by the Board or its designee. Respondent shall provide the approved course provider  
11 with any information and documents that the approved course provider may deem pertinent.  
12 Respondent shall participate in and successfully complete the classroom component of the course  
13 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
14 complete any other component of the course within one (1) year of enrollment. The medical  
15 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
16 Medical Education (CME) requirements for renewal of licensure.

17 A medical record keeping course taken after the acts that gave rise to the charges in the  
18 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
19 or its designee, be accepted towards the fulfillment of this condition if the course would have  
20 been approved by the Board or its designee had the course been taken after the effective date of  
21 this Decision.

22 Respondent shall submit a certification of successful completion to the Board or its  
23 designee not later than 15 calendar days after successfully completing the course, or not later than  
24 15 calendar days after the effective date of the Decision, whichever is later.

25 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
26 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
27 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
28 Respondent shall participate in and successfully complete that program. Respondent shall

1 provide any information and documents that the program may deem pertinent. Respondent shall  
2 successfully complete the classroom component of the program not later than six (6) months after  
3 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
4 time specified by the program, but no later than one (1) year after attending the classroom  
5 component. The professionalism program shall be at Respondent's expense and shall be in  
6 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

7 A professionalism program taken after the acts that gave rise to the charges in the  
8 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
9 or its designee, be accepted towards the fulfillment of this condition if the program would have  
10 been approved by the Board or its designee had the program been taken after the effective date of  
11 this Decision.

12 Respondent shall submit a certification of successful completion to the Board or its  
13 designee not later than 15 calendar days after successfully completing the program or not later  
14 than 15 calendar days after the effective date of the Decision, whichever is later.

15 5. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective  
16 date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a  
17 practice monitor, the name and qualifications of one or more licensed physicians and surgeons  
18 whose licenses are valid and in good standing, and who are preferably American Board of  
19 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or  
20 personal relationship with Respondent, or other relationship that could reasonably be expected to  
21 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
22 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
23 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

24 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
25 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
26 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
27 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
28 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees

1 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
2 signed statement for approval by the Board or its designee.

3 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
4 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
5 make all records available for immediate inspection and copying on the premises by the monitor  
6 at all times during business hours and shall retain the records for the entire term of probation.

7 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
8 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
9 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
10 shall cease the practice of medicine until a monitor is approved to provide monitoring  
11 responsibility.

12 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
13 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
14 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
15 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure  
16 that the monitor submits the quarterly written reports to the Board or its designee within 10  
17 calendar days after the end of the preceding quarter.

18 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
19 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
20 name and qualifications of a replacement monitor who will be assuming that responsibility within  
21 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
22 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
23 notification from the Board or its designee to cease the practice of medicine within three (3)  
24 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
25 replacement monitor is approved and assumes monitoring responsibility.

26 In lieu of a monitor, Respondent may participate in a professional enhancement program  
27 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
28 review, semi-annual practice assessment, and semi-annual review of professional growth and



1 education. Respondent shall participate in the professional enhancement program at Respondent's  
2 expense during the term of probation.

3 6. PROHIBITED PRACTICE. During probation, Respondent is prohibited from After  
4 the effective date of this Decision, all patients being treated by the Respondent shall be notified  
5 that the Respondent is prohibited from writing, issuing or otherwise aiding and abetting the  
6 writing or issuance of exemptions from any vaccine for any patient or other persons. After the  
7 effective date of this Decision, all patients being treated by the Respondent shall be notified that  
8 the Respondent is prohibited from writing, issuing or otherwise aiding and abetting the writing or  
9 issuance of exemptions from any vaccine. Any new patients must be provided this notification at  
10 the time of their initial appointment.

11 Respondent shall maintain a log of all patients to whom the required oral notification was  
12 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's  
13 medical record number, if available; 3) the full name of the person making the notification; 4) the  
14 date the notification was made; and 5) a description of the notification given. Respondent shall  
15 keep this log in a separate file or ledger, in chronological order, shall make the log available for  
16 immediate inspection and copying on the premises at all times during business hours by the Board  
17 or its designee, and shall retain the log for the entire term of probation.

18 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
19 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
20 Chief Executive Officer at every hospital where privileges or membership are extended to  
21 Respondent, at any other facility where Respondent engages in the practice of medicine,  
22 including all physician and locum tenens registries or other similar agencies, and to the Chief  
23 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
24 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
25 calendar days.

26 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

27 8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
28 NURSES. During probation, Respondent is prohibited from supervising physician assistants and

1 advanced practice nurses.

2 9. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
3 governing the practice of medicine in California and remain in full compliance with any court  
4 ordered criminal probation, payments, and other orders.

5 10. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
6 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
7 limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena  
8 enforcement, as applicable, in the amount of \$5,595.00. Costs shall be payable to the Medical  
9 Board of California. Failure to pay such costs shall be considered a violation of probation.

10 Any and all requests for a payment plan shall be submitted in writing by respondent to the  
11 Board.

12 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to  
13 repay investigation and enforcement costs,

14 11. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
15 under penalty of perjury on forms provided by the Board, stating whether there has been  
16 compliance with all the conditions of probation.

17 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
18 of the preceding quarter.

19 12. GENERAL PROBATION REQUIREMENTS.

20 Compliance with Probation Unit

21 Respondent shall comply with the Board's probation unit.

22 Address Changes

23 Respondent shall, at all times, keep the Board informed of Respondent's business and  
24 residence addresses, email address (if available), and telephone number. Changes of such  
25 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
26 circumstances shall a post office box serve as an address of record, except as allowed by Business  
27 and Professions Code section 2021, subdivision (b).

28

1        Place of Practice

2        Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
3 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
4 facility.

5        License Renewal

6        Respondent shall maintain a current and renewed California physician's and surgeon's  
7 license.

8        Travel or Residence Outside California

9        Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
10 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
11 (30) calendar days.

12        In the event Respondent should leave the State of California to reside or to practice  
13 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
14 departure and return.

15        13. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
16 available in person upon request for interviews either at Respondent's place of business or at the  
17 probation unit office, with or without prior notice throughout the term of probation.

18        14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
19 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
20 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
21 defined as any period of time Respondent is not practicing medicine as defined in Business and  
22 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
23 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
24 Respondent resides in California and is considered to be in non-practice, Respondent shall  
25 comply with all terms and conditions of probation. All time spent in an intensive training  
26 program which has been approved by the Board or its designee shall not be considered non-  
27 practice and does not relieve Respondent from complying with all the terms and conditions of  
28 probation. Practicing medicine in another state of the United States or Federal jurisdiction while

1 on probation with the medical licensing authority of that state or jurisdiction shall not be  
2 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
3 period of non-practice.

4 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
5 months, Respondent shall successfully complete the Federation of State Medical Boards's Special  
6 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
7 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
8 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

9 Respondent's period of non-practice while on probation shall not exceed two (2) years.

10 Periods of non-practice will not apply to the reduction of the probationary term.

11 Periods of non-practice for a Respondent residing outside of California will relieve  
12 Respondent of the responsibility to comply with the probationary terms and conditions with the  
13 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
14 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
15 Controlled Substances; and Biological Fluid Testing..

16 15. COMPLETION OF PROBATION. Respondent shall comply with all financial  
17 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
18 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
19 be fully restored.

20 16. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
21 of probation is a violation of probation. If Respondent violates probation in any respect, the  
22 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
23 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
24 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
25 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
26 the matter is final.

27 17. LICENSE SURRENDER. Following the effective date of this Decision, if  
28 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy

1 the terms and conditions of probation, Respondent may request to surrender his or her license.  
2 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
3 determining whether or not to grant the request, or to take any other action deemed appropriate  
4 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
5 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
6 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
7 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
8 application shall be treated as a petition for reinstatement of a revoked certificate.

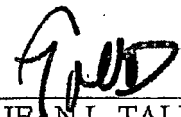
9 18. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
10 with probation monitoring each and every year of probation, as designated by the Board, which  
11 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
12 California and delivered to the Board or its designee no later than January 31 of each calendar  
13 year.

14 19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
15 a new license or certification, or petition for reinstatement of a license, by any other health care  
16 licensing action agency in the State of California, all of the charges and allegations contained in  
17 Accusation No. 800-2017-036586 shall be deemed to be true, correct, and admitted by  
18 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
19 restrict license.

#### 20 ACCEPTANCE

21 I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the  
22 stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into  
23 this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and  
24 agree to be bound by the Decision and Order of the Medical Board of California.

25  
26 DATED: May 23, 2022

  
27 JEAN L. TALLEYRAND, M.D.  
28 Respondent

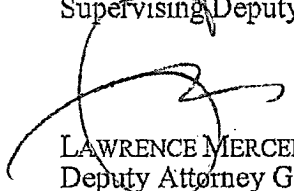
**ENDORSEMENT**

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: May 23, 2022

Respectfully submitted,

ROB BONTA  
Attorney General of California  
JANE ZACK SIMON  
Supervising Deputy Attorney General

  
LAWRENCE MERCER  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2017-036586**

1 ROB BONTA  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 LAWRENCE MERCER  
Deputy Attorney General  
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*Attorneys for Complainant*  
7

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the First Amended Accusation  
Against:

Case No. 800-2017-036586

**FIRST AMENDED ACCUSATION**

13 **Jean L. Talleyrand, M.D.**  
14 **3990 Walnut Drive**  
**Eureka, CA 95503-6257**

15 **Physician's and Surgeon's Certificate**  
16 **No. A 61572,**

17 **Respondent.**

18  
19 **PARTIES**

20  
21 1. William Prasifka (Complainant) brings this First Amended Accusation (Accusation)  
22 solely in his official capacity as the Executive Director of the Medical Board of California,  
23 Department of Consumer Affairs (Board).

24 2. On or about January 31, 1997, the Medical Board issued Physician's and Surgeon's  
25 Certificate Number A 61572 to Jean L. Talleyrand, M.D. (Respondent). The Physician's and  
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on August 31, 2022, unless renewed.  
28



## JURISDICTION

3. This First Amended Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

5. Section 2234 of the Code, states:

The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically

appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

6. Section 2266 provides that failure to maintain adequate and accurate records relating to the provision of services to patients is unprofessional conduct.

#### COST RECOVERY

7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

#### GENERAL STATUTES OR REGULATIONS

8. Health and Safety Code section 120325 provides:

In enacting this chapter, but excluding Section 120380, and in enacting Sections 120400, 120405, 120410, and 120415, it is the intent of the Legislature to provide:

(a) A means for the eventual achievement of total immunization of appropriate age groups against the following childhood diseases:

(1) Diphtheria.

1 (2) Hepatitis B.  
2 (3) Haemophilus influenza type b.  
3 (4) Measles.  
4 (5) Mumps.  
5 (6) Pertussis (whooping cough).  
6 (7) Poliomyelitis.  
7 (8) Rubella.  
8 (9) Tetanus.  
9 (10) Varicella (chickenpox).  
10 (11) Any other disease deemed appropriate by the department, taking into consideration the  
11 recommendations of the Advisory Committee on Immunization Practices of the United States  
12 Department of Health and Human Services, the American Academy of Pediatrics, and the  
13 American Academy of Family Physicians.

14 (b) That the persons required to be immunized be allowed to obtain immunizations from  
15 whatever medical source they so desire, subject only to the condition that the immunization be  
16 performed in accordance with the regulations of the department and that a record of the  
17 immunization is made in accordance with the regulations.

18 (c) Exemptions from immunization for medical reasons.

19 (d) For the keeping of adequate records of immunization so that health departments,  
20 schools, and other institutions, parents or guardians, and the persons immunized will be able to  
21 ascertain that a child is fully or only partially immunized, and so that appropriate public agencies  
22 will be able to ascertain the immunization needs of groups of children in schools or other  
23 institutions.

24 (e) Incentives to public health authorities to design innovative and creative programs that  
25 will promote and achieve full and timely immunization of children.

26 9. At all relevant times, former Health and Safety Code section 120370 provided, in  
27 pertinent part:  
28

1 (a) If the parent or guardian files with the governing authority a written statement by a  
2 licensed physician to the effect that the physical condition of the child is such, or medical  
3 circumstances relating to the child are such, that immunization is not considered safe, indicating  
4 the specific nature and probable duration of the medical condition or circumstances, including,  
5 but not limited to, family medical history, for which the physician does not recommend  
6 immunization, that child shall be exempt from the requirements of Chapter 1 (commencing with  
7 Section 120325, but excluding Section 120380) and Sections 120400, 120405, 120410, and  
8 120415 to the extent indicated by the physician's statement.

9  
10 **FACTUAL ALLEGATIONS**

11 10. At all relevant times, Respondent Jean L. Talleyrand, M.D., was a physician and  
12 surgeon providing medical care at his Motion Health clinic in Eureka, California. Respondent is  
13 not a pediatrician and at all relevant times he was not the primary care physician for the children  
14 discussed herein.

15 11. In 2015, the California Legislature amended Health and Safety Code section 120325  
16 to eliminate personal beliefs as a basis for exemption from required immunizations for school-  
17 aged children. Consequently, school-aged children not subject to any other exception were  
18 required to have immunizations for 10 vaccine-preventable childhood illnesses as a condition of  
19 public school attendance. After the statutory amendment became effective, the Medical Board  
20 began receiving complaints from schools, primary care providers and parents that physicians were  
21 issuing medical exemptions from required vaccinations that did not appear to have a bona fide  
22 medical basis.

23 12. On September 5, 2017, the Board received a complaint from the Chief Medical  
24 Officer and Associate Medical Officers at Open Door Community Health Center (Open Door) in  
25 Humboldt County, California. The complaint stated that Motion Health, a clinic operated by  
26 Respondent Jean L. Talleyrand, M.D., was providing medical exemptions to required  
27 vaccinations without medical justification.

1        13. The Board's investigation uncovered medical records of seven children for whom  
2 Respondent issued exemptions from vaccinations. For each child, the exemption was based upon  
3 a brief examination and family history, after which Respondent wrote an exemption that was  
4 global, applying to all vaccines, and permanent.

5        14. Patient 1,<sup>1</sup> a 6-month old male, was seen by Respondent on February 23, 2018, for a  
6 well child examination. Respondent's chart note states that the child's mother requested an  
7 evaluation for an immunization exemption. A brief note of the examination found no  
8 abnormalities. A "Contraindication<sup>2</sup> Screening" was negative for any contraindications to any  
9 vaccines. Respondent recommended a "letter of vaccine exemption based on family history of  
10 ADD/ADHD (dad, paternal GM), Rheumatoid Arthritis (maternal GM), lupus (paternal aunt),  
11 Crohn's disease (paternal aunt), psoriasis (dad), egg allergies (dad), schizophrenia (maternal  
12 GGM), Sclerosis (maternal great uncle), seasonal allergies (dad, paternal GM) asthma (dad)."  
13 Respondent's record states that he "presented exemption letter for immunizations" at his single  
14 patient encounter with Patient 1. Albeit Respondent was not the child's primary care provider,  
15 Respondent did not obtain prior medical records or consult the child's treating pediatrician. He  
16 did not document corroborating evidence of the family history of medical indications. Respondent  
17 did not document a discussion with the child's parent about the risks of not receiving  
18 vaccinations, nor did he discuss alternatives to a global and permanent exemption from all  
19 vaccines, such as a delayed vaccination schedule. Respondent did not document any physical  
20 findings to support the exemption. In a subsequent interview with the Board, Respondent was  
21 unable to identify a specific condition that warranted the vaccine exemption.

22        15. Patient 2, a five year old female, was seen by Respondent on January 12, 2018, for a  
23 well child examination. Respondent's record states that the child presented with her mother  
24 "requesting an evaluation for immunization exemption after researching the pros & cons of  
25 immunizations." No informed consent discussion regarding risks of not being vaccinated or  
26

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27        <sup>1</sup> Patients' names are redacted to protect privacy rights.

28        <sup>2</sup> Contraindications are conditions in a recipient that increases the risk for a serious  
adverse reaction to a vaccine. National standards for pediatric vaccination practices have been  
established and include descriptions of valid contraindications and precautions to vaccination.

1 alternatives to a global and permanent exemption from all vaccines is documented. A  
2 "Contraindication Screening" was negative for any contraindications to any vaccines. Respondent  
3 noted that the child had no ongoing medical issues and his physical examination found none.  
4 Although the child was below the 10th percentile for weight and stature, Respondent did not  
5 document an evaluation of the abnormality. Respondent recommended a "letter of vaccine  
6 exemption based on family history of "animal allergies (MGM, pt,) diabetes type I (cousins),  
7 diabetes type 2 (PGR), psoriasis (mom), fibromyalgia (maternal aunt) . . . eggs allergy (pt)."  
8 Respondent's record states that he "presented exemption letter for immunizations" at his single  
9 patient encounter with Patient 2. Albeit Respondent was not the child's primary care provider,  
10 Respondent did not obtain prior medical records or consult the child's treating pediatrician. He  
11 did not document corroborating evidence of the family history of medical indications.

12 16. Patient 3, a 13 year old female, was seen by Respondent on March 2, 2018, for a well  
13 child examination. Respondent's record of the encounter states: "Patient's mother is requesting  
14 consideration for vaccine exemption." The child's medical history was unremarkable other than  
15 the mention of "chronic earaches." The child had received no previous immunizations. A  
16 "Contraindication Screening" was negative for any contraindications to any vaccines.  
17 Respondent's record states that he recommended a letter of vaccine exemption based on "family  
18 hx of medicine allergy - penicillin (mom), eczema, Rheumatoid Arthritis (maternal GM, maternal  
19 aunt), Guillian-Barre [sic] (maternal GF), mental health disorders [protected by court order]  
20 (dad), kidney stones (maternal uncle), migraines (sister<sup>3</sup>), chronic ear aches (self<sup>4</sup>), autism  
21 (cousin), bipolar/personality disorder (dad)." Had Respondent obtained the medical records from  
22 the child's treating physicians, he would have been aware that the family history he was given  
23 was contradicted in significant part by the information in those records. Respondent provided a  
24 letter of vaccine exemption, which stated:

25 "To Whom it May Concern: I have examined [name and date of birth redacted]  
26 and assessed that she has a specific medical circumstance and the required  
27 vaccinations are not indicated. All required vaccinations are exempted including  
28 Polio, DPT or TDaP, Hepatitis B, MMR, Varicella, Flu, HIB and HPV. The medical

<sup>3</sup> Patient 3's sister's name is redacted.

<sup>4</sup> Patient 3's name is redacted.

1 exemption is permanent.”

2 Respondent did not document a discussion with the child’s parent about the risks of not receiving  
3 vaccinations, nor did he discuss alternatives to a global and permanent exemption from all  
4 vaccines. Respondent did not document any physical findings to support the exemption. In a  
5 subsequent interview with the Board, Respondent was unable to identify a specific condition that  
6 warranted the vaccine exemption.

7 17. Patient 4, a three year old female, was seen on September 7, 2018, for a well child  
8 examination. As with the other children, the subjective complaint is “requesting an evaluation for  
9 immunization exemption after researching the pros & cons of immunizations.” The child’s  
10 ongoing medical issue was reported to be “severe anxiety.” Respondent did not obtain or review  
11 any past medical records. Physical examination revealed a three year old female toddler with no  
12 remarkable findings. The child’s history was negative for contraindications to any vaccines.  
13 Respondent recorded that the patient was “[a]ppropriate for letter of vaccine exemption based on  
14 family hx of severe anxiety (pt), seasonal allergies (mom, maternal aunt), parathyroid cancer  
15 (maternal GM), lymphatic cancer (maternal GF), HBP (maternal GF, maternal uncle), ADD  
16 (maternal GF), depression (mom, maternal GM), hx of domestic abuse toward mom (dad),  
17 chronic fatigue (maternal aunt), Hashimoto’s (maternal aunt, maternal GM).” Patient 4 received  
18 an exemption similar to that issued to Patient 3. Respondent did not document a discussion with  
19 the child’s parent about the risks of not receiving vaccinations, nor did he discuss alternatives to a  
20 global and permanent exemption from all vaccines. Respondent did not document any physical  
21 findings to support the exemption. In a subsequent interview with the Board, Respondent was  
22 unable to identify a specific condition that warranted the vaccine exemption.

23 18. Patient 5, a four year old male, was seen by a nurse in Respondent’s office on March  
24 26, 2017. The record states that the child’s parent was requesting an “update/revision” to a  
25 previously issued vaccine exemption “under the guidelines of SB 277.” The child’s mother  
26 reported what she believed were allergic reactions to the MMR and varicella vaccines. The  
27 patient was given a global and permanent exemption to all vaccines.

1 19. Patient 6, a two year old male, was seen by a nurse in Respondent's office on October  
2 26, 2017. The purpose of the visit was stated to be an evaluation for "childhood immunizations  
3 exemption." The record noted: "Father is concerned about injecting heavy metals & other harmful  
4 toxins" due to family history of "allergies and eczema." A history of one immunization for "Dtap  
5 with low fever and cranky for one day" was reported. A letter of exemption for childhood  
6 immunizations was provided "with information on Prophylaxis as Alternative" and "Risks and  
7 Responsibilities of Not Immunizing" sheet also given & reviewed with father."

8 20. Patient 7, a 16 year old female, was seen by Respondent on March 2, 2108 – at the  
9 same time as her sister (Patient 3). In addition to the family history described for her sister,  
10 Patient 7 reported migraine headaches. As with her sister, Patient 7 had not received any  
11 immunizations. A "Contraindication Screening" was negative for any contraindications to any  
12 vaccines. Patient 7 was provided with an exemption identical to her sibling's at her single patient  
13 encounter with Respondent.

#### 14 CAUSE FOR DISCIPLINE

##### 15 (Gross Negligence/Repeated Negligent Acts/Inadequate Records)

16 21. Respondent Jean L. Talleyrand, M.D. is subject to disciplinary action under section  
17 2234 and/or 2234(b) and/or 2234(c) and/or 2266 in that Respondent engaged in unprofessional  
18 conduct and/or gross negligence and/or repeated negligent acts in his care and treatment of  
19 Patients 1 through 7, including but not limited to:

20 A. Respondent issued global and permanent vaccine exemptions, albeit there is no  
21 component common to all vaccines;

22 B. Respondent issued vaccine exemptions based upon family histories, which were not  
23 corroborated by external records, and which were not consistent with contraindications  
24 recognized by or consistent with immunization guidelines issued by the CDC, ACIP or AAP,  
25 which are the standard of care;

26 C. Respondent issued vaccine exemptions without discussing alternatives and/or  
27 obtaining and/or documenting informed consent and informed refusal;



1 D. Respondent issued vaccine exemptions without identifying a specific medical  
2 condition or medical indication;

3 E. Respondent failed to evaluate Patient 2 for development below the 10th percentile for  
4 weight and stature;

5 F. Respondent failed to maintain adequate and accurate records.

6 **PRAYER**

7 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
8 and that following the hearing, the Medical Board of California issue a decision:

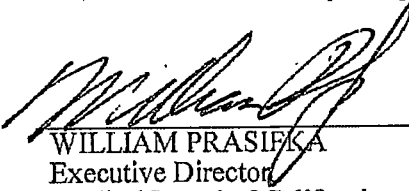
9 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 61572,  
10 issued to Jean L. Talleyrand, M.D.;

11 2. Revoking, suspending or denying approval of Jean L. Talleyrand, M.D.'s authority to  
12 supervise physician assistants and advanced practice nurses;

13 3. Ordering Jean L. Talleyrand, M.D., to reimburse the Board for its costs of  
14 investigation and prosecution and, if placed on probation, to pay the Board the costs of probation  
15 monitoring; and

16 4. Taking such other and further action as deemed necessary and proper.

17  
18 DATED: MAR 15 2022

  
\_\_\_\_\_  
WILLIAM PRASIEKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant

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